



Scarborough Education Committee

SCHOOL MEDICAL SERVICE

Report and Statistics
for 1932

STANLEY FOX LINTON, T.D., M.D., M.Sc., D.P.H.,
School Medical Officer

ANNE M. ROXBURGH, M.B., Ch.B., D.P.H.,
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Town Hall,
Scarborough,
17th February, 1933.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you the Annual Report drawn up by Dr. Roxburgh on the work of the School Medical Service during 1932.

You will remember that towards the end of 1931 I made arrangements, with your approval, for the establishment of a Milk Club in the Friarage School on the lines of the "Milk in Schools" scheme of the National Milk Publicity Council. The scheme came into operation on 11th January, 1932, the milk being Grade A. (Tuberculin Tested) milk from Mr. Lockwood's Dairy, Sinnington. It has worked smoothly and successfully, largely, I should like to say again, because of the painstaking enthusiasm with which the teachers have conducted it.

The following figures are evidence of its success on the administrative side :

Between 11th January and 23rd December, 75,747 bottles of milk were supplied, i.e., an average of 360 bottles per school day. The sum paid by the school was £315 12s. 3d. The school, of course, makes no profit.

As regards results I may quote the following from a memorandum furnished to me by Mr. Milbourn, the Headmaster of the school :—

"The following figures are interesting and do seem to indicate in a general, though certain, manner that the regular taking of Milk by children in this School is beneficial from a physical point of view, according to the factors of height and weight. Group A. is a group of 43 boys who are known to have taken the milk regularly; Group B. contains 43 other boys, as similar to those of Group A., as similarity is possible, but not taking the milk regularly, if at all. All these boys have been measured from time to time during the year, and the following figures shew the average increases of height and weight during the period under review :—

Group A.—Average increase in height, 1.60 inches.

„ Average increase in weight, 6.24 lbs.

Group B.—Average increase in height, 1.35 inches.

„ Average increase in weight, 5.21 lbs.

Advantage of milk-takers in height, 0.25 inches.

„ „ „ weight, 1.03 lbs.

All these boys ranged between the ages of 11 and 14 years."

In the nature of the case, these figures are not, and could not be, based on a rigorous scientific experiment, and are open to criticism; but the teachers think, and I think, that they are significant. They are supported by the unanimous conviction of the teachers that the children taking the milk have benefited thereby. The experiment has also been a successful object lesson to parents in the value of milk, and has fostered co-operation between parents and teachers in other matters; for example, the practice of bringing sweets and cakes to the children during the morning break, has, I am told, entirely ceased.

Two points emerge :—

- (1) The experiment having been a success, I suggest to the Committee that they should give their permission for any other school so desiring to establish a milk club.*
- (2) I would ask the Committee to consider seriously whether they cannot arrange that children who are certified by the school doctors to need milk, and who cannot afford it, should be supplied free. The teachers at the Friarage School tell me that "Many of the children who do not take the milk are just those who ought to be getting any of the benefits that it gives". Where undernourishment and inability to pay co-exist, there seems to be strong reason for help, if only on the ground that undernourishment interferes with education.*

I am,

Your obedient Servant,

S. FOX LINTON,

*School Medical Officer and
Medical Officer of Health.*

To Dr. S. FOX LINTON,
School Medical Officer.

I beg to submit to you the following

REPORT

*on the Medical Inspection of School Children and the work
of the School Clinic during 1932.*

STAFF :

School Medical Officer : Stanley Fox Linton, T.D., M.D., M.Sc., D.P.H.

Assistant School Medical Officer : Anne M. Roxburgh, M.B., Ch.B., D.P.H.

School Dental Officer : D. Bewes Atkinson, L.D.S., R.C.S.Eng.

School Nurses : R. E. Parker, S.R.N.; M. K. Jones, S.R.N.

Part Time Assistant School Nurse : A. Chambers, V.A.D.

CO-ORDINATION.

(a) INFANT AND CHILD WELFARE.

This work is carried on at the premises of the School Clinic in King Street, where two Sessions are held weekly on Monday and Thursday afternoons, and also at Seamer Road, where a Clinic is held every Wednesday. The School Medical Inspector attends to see and advise mothers of infants and children not yet of school age.

The Centre at King Street is also used as a shop for the sale of food, etc., on these afternoons and on Saturday mornings. The Clinics have been well attended. The total number of attendances made was 7,886 as against 6,792 in 1931. The average number attending on these afternoons was 60.06 at King Street and 42.40 at Seamer Road.

The Health Visitors have the voluntary assistance of several ladies at the Infant Clinics, and their help is greatly appreciated. The names of these ladies are :—

Mrs. Harland.

Mrs. Sternberg.

Mrs. Jeffrey.

Miss Walker.

Miss Richardson.

Miss Turnbull.

Miss Topham.

Miss Newsome.

Miss Aske.

Miss F. Richardson.

Miss Millington.

Miss Bradley.

Miss Thistleton.

As in former years, Miss Augusta Tindall, with several other voluntary workers, has kindly supplied the Centre with cotton-wool jackets (from material provided), and these have been of great service in the treatment of marasmic and ailing babies.

(b) NURSERY SCHOOLS.

There is one Nursery School in connection with the Friarage Elementary School. The numbers for this school are as follows:—

Total number on the register: 75.

New admissions: 18 boys, 19 girls.

Transferred to other schools: 16 boys, 16 girls.

In connection with this school arrangements have now been made for a full medical inspection every term, and for "follow up" inspections at monthly intervals.

The children in this class are supplied with cod liver oil and malt twice daily during the winter months, and milk (for which the parents pay) every morning.

(c) CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

Most of these children come under the observation of the Health Visitors or School Nurses during their ordinary visiting work, and mothers are encouraged to continue bringing their children to the Infant Clinic up to school age, when they are transferred to the School Medical Service. As records are kept of all cases, and as both organisations are under the direction of the Medical Officer of Health, who is also School Medical Officer, continuity of the work is maintained.

SCHOOL HYGIENE.

In addition to the improvements recorded in the 1931 Report are the following:—

Additions to heating apparatus—

Central Senior Girls' School:

Radiators and hot water pipes fixed in cookery room.

Central Junior School:

Installation of Heatrite System. Radiator in new staff room, and additional radiator in room 10.

St. Martin's C.E. School:

New boiler.

Playgrounds—

Central Senior Girls' School:

Seats fixed round the walls.

Central Junior School:

Seats fixed round the walls.

Ventilation—

Central Junior School:

Improvement in ventilation effected by making fixed windows to open on central pivot.



Cloakrooms—

Central Junior School:

Hot water geyser placed in cloakroom.

NEW SCHOOL.

The Hinderwell School was opened by the Mayor, Alderman Butler, on 28th October, 1932. The following description of the building is taken from the December number of "Education":—

DESCRIPTION OF THE SCHOOL.

The site comprises about $3\frac{1}{4}$ acres, with a loamy subsoil, and slopes generally towards the South-East. The Central portion has been selected for the erection of the present Junior and Infant Schools, and the whole scheme will be completed, when national circumstances permit, by the erection of a Nursery School on the land fronting Seamer Road.

PLANNING.

In order to economise brickwork and excavation as far as possible, the Junior and Infants' Departments have been planned in the form of a double square, on different levels. Care has been taken, however, to keep the corridors leading to the classrooms free from steps.

The entrances to the school are approached from the private road to the North of the site to minimise the traffic risks of the main road.

Large areas have been paved as playgrounds, other portions having been reserved for gardens and playing field, whilst the courtyards are available for open-air classes or quiet recreation. The question of efficient cross-ventilation has received full attention, windows being provided on opposite sides of all class rooms and the Assembly Hall.

CLASS ROOMS.

All classrooms have an excellent aspect, slightly East of South, and measure generally 24 ft. 8 ins. by 20 ft. 4 ins. by 12 ft. high, the playroom and practical room being somewhat larger.

Practically the whole of the South walls of all class-rooms is occupied by window space, which have been specially designed so that the whole area may be opened when weather permits.

All windows in the class-rooms have been glazed with "Vita-glass."

The approach to all departments is by closed corridors, adequately lighted and ventilated.

The Medical Department has been planned so as to be readily available for the needs of the future Nursery School.

HEATING AND LIGHTING.

The heating of the school is a special feature, and, like the lighting, is by means of electricity throughout.

It is automatically controlled and can be available or switched off at any desired time, merely by the setting of a clock. Water to the staff lavatories is also heated electrically. Additional power plugs have been provided for connection of vacuum cleaners, floor polishers, etc., in the staff rooms and corridors.

Clocks in the Assembly Hall are electrically controlled and require neither winding nor regulation.

MATERIALS.

The main walls are faced with Nottingham bricks with York stone dressings. Roofs are covered with grey slates. Floors of classrooms, Assembly Hall, staff rooms and corridors are laid with oak blocks; cloak-rooms and sanitary, blocks with concrete. Playgrounds are laid in tarmacadam.

Internal walls are plastered and distempered with painted dadoes, except those of corridors, cloakrooms and staff lavatories, which have tiled dadoes.

The general colour scheme is in yellows and browns, except in certain infants' classrooms, which have brightly painted furniture in various colours.

ACCOMMODATION.

| | | | | | | | |
|-------------|-----|-----|-----|-----|-----|-----|-----------|
| Juniors ... | ... | ... | ... | ... | ... | ... | 350 |
| Infants ... | ... | ... | ... | ... | ... | ... | 350 |
| | | | | | | | <hr/> 700 |

COST.

The approximate total cost of the buildings, including cost fees, is £27,800, equivalent to 1/4 per foot cube, and £39 14s. 3d. per scholar.

The architects are Messrs. H. Clifford Hollis, A.R.I.B.A., and Francis J. Amott, P.A.S.I., of 34, Paternoster Row, London, E.C., under whose superintendence the work has been carried out, assisted by Mr. Leonard Sharp as Clerk of Works.

The general contractors were Messrs. Jaram & Son, of Scarborough, and the sub-contractors included Concrete, Ltd. (reinforced concrete), Kingfisher, Ltd., West Bromwich (folding partitions); Adamsez, Ltd., Scotswood-on-Tyne (sanitary fittings); and the Educational Supply Association (furniture).

MEDICAL INSPECTION.

The Routine Medical Inspections are carried out in the schools, and three age groups are examined. Special entrants, new-comers to the town, and special cases brought forward by the teachers or parents are also examined.

The numbers in each age group examined at Routine Medical Inspections in 1931 and 1932 are as follows:—

| | 1931. | 1932. |
|---|-------|-------|
| Entrants ... | 564 | 491 |
| Special Entrants (new-comers to town) ... | 123 | 101 |
| Intermediates (aged 8) ... | 558 | 610 |
| Leavers ... | 240 | 271 |

In addition to these routine inspections, 380 children were medically examined as "Specials". These children are seen in the schools, or are sent to the School Clinic by the teachers, parents or nurses for some particular defect or illness; 260 of these children were subsequently re-examined.

Further special examinations during the year were as follow :--

| | |
|---|----|
| For Graham Sea Training School | 20 |
| For Nautical Scholarships | 0 |
| Pupil Teachers as to fitness for Training College | 0 |

The examinations for employment of school children under the Bye-laws are referred to elsewhere in the Report.

FINDINGS OF MEDICAL INSPECTIONS AND MEANS AVAILABLE FOR TREATMENT OF DEFECTS.

UNCLEANLINESS.

Fifty-three children at the Routine Medical Inspections and Special Inspections were found to be in an unclean condition of the head or body. This number is practically the same as last year, and, as was then noted, the uncleanliness in the majority of these children was of a minor degree. It will be realised that it is comparatively rare to find children in a verminous condition at the Routine Medical Inspection, as the mothers are notified and the children prepared. There is always a larger proportion found during the School Nurses' visits.

Table V. shows that there was a diminution in these cases as compared with 1930. The numbers being 642 in 1931, and 531 in 1932. Twenty-eight children were cleansed under the Authority's scheme, and, as this figure indicates, the majority of the cases were still of a mild degree.

When a child is found to be unclean, the parent is notified and advised as to what steps should be taken. If necessary, and if the parents consent, the cleansing is carried out at the School Clinic by the School Nurses.

There were 12 cases of scabies occurring in 9 families during the year.

MINOR AILMENTS.

A classification of the minor ailments treated is given in Table IV. at the end of the Report.

During the year there were 17 cases of Ringworm of the body and 14 cases of Ringworm of the scalp. The former are easily cured and do not necessitate long absence from school, while for the latter we have an efficient method of treatment in X-rays.

IMPETIGO.

This is one of the most common of skin diseases, and 156 cases were treated at the Clinic during the year. These children are frequently found to be below par, and require general as well as local treatment. The disease is, fortunately, easily cured, and even in severe cases does not necessitate absence from school for any length of time.

TONSILS AND ADENOIDS.

Group III., Table IV., shows that a total of 165 children received treatment for defects of the nose and throat. Four parents refused treatment, the treatment in each case being operation.

It will be seen from the Table that of this number 26 were referred for operation under the Authority's scheme. As was stated in last year's report,

this number is smaller than in previous years, the reason being that only the worst cases are referred direct for operation, the other children being referred to private practitioners for trial of more conservative treatment first. As can be readily understood, a certain number of these require operation later, and are then referred by the practitioner. Ninety-one were done at the instance of private practitioners or local hospital.

In many of these children mouth breathing has become a habit, and special breathing exercises are required, even after operation.

SKIN DISEASES.

Reference has already been made to Ringworm and Impetigo, which constitute the bulk of the skin diseases treated at the Clinic.

DEFECTS OF VISION.

Group I., Table IV., shows that 47 children received treatment for minor eye conditions. The majority of these cases were treated for Blepharitis, Conjunctivitis and Styas. These conditions are often associated with general debility, and general as well as local treatment is required.

Group II., Table IV., shows that 159 children were referred for refraction on account of defective vision. In the majority of these cases the defect was noted at the Routine Medical Inspection. The others were sent to the Eye Clinic by the parents or teachers. In 8 cases the parents refused treatment. Fifteen children were examined as to the suitability of present spectacles; no change was made. Fourteen were treated apart from the Authority's Scheme. Of the remaining 122 children, spectacles were prescribed for 103. In 19 children the defect was very slight, and these were put on the observation list.

Of the 103 children for whom spectacles were prescribed at the Eye Clinic, the errors of refraction were classified as follows:—

| | | | | | | |
|---------------------------|-----|-----|-----|-----|-----|----|
| Hypermetropia | ... | ... | ... | ... | ... | 30 |
| Hypermetropic Astigmatism | ... | ... | ... | ... | ... | 33 |
| Myopia | ... | ... | ... | ... | ... | 14 |
| Myopic Astigmatism | ... | ... | ... | ... | ... | 14 |
| Mixed Astigmatism | ... | ... | ... | ... | ... | 12 |

Spectacles are not provided by the Local Education Authority, but by the parents, except in cases of poverty, when the spectacles are provided by the Scarborough Amicable Society and the cost recovered from the Local Education Authority at the end of the year. During the year this Society has spent £15 17s. 6d. The money is refunded in small weekly payments by the parents where possible.

During the year 19 school children were treated at the local Hospital by Dr. Ellison, ophthalmic surgeon. Thirteen children had operations for squint, the results being most satisfactory. The other cases treated were as follows:—

| | | | | | | |
|--------------------------|-----|-----|-----|-----|-----|---|
| Corneal Ulcer | ... | ... | ... | ... | ... | 1 |
| Orbital Cellulitis | ... | ... | ... | ... | ... | 1 |
| Ptosis | ... | ... | ... | ... | ... | 1 |
| Granuloma of lid | ... | ... | ... | ... | ... | 1 |
| Meibomian cyst | ... | ... | ... | ... | ... | 1 |
| Excision of Lacrymal sac | ... | ... | ... | ... | ... | 1 |

Table III. shows that there are six children attending the elementary schools who are suitable for training in a class for the partially blind. These children are kept under observation and the work at school modified to suit each.

Two girls are at present in certified schools for the blind.

During the year special examinations were made in all schools for the detection of defective vision. Every child age 11 and 12 was examined. In this way a total of 1,023 children were examined. Of this number 303 children, or nearly 30% were found to have defective vision. Ninety-seven had already received treatment. In 80 cases the defect was slight and these were put on the observation list. Of the remaining 126 who were found to require treatment, some have already received this at the School Clinic, and the others will be sent for in the near future.

EAR DISEASE AND HEARING.

Fifty-eight children received treatment at the clinic for ear conditions. In recent cases of discharging ears the treatment given appears to answer well, but long-standing cases do not clear up quickly, and may persist indefinitely. These latter cases are sent on to see a surgeon at the Hospital, and in at least 5 cases more drastic treatment will have to be considered.

The treatment of Deafness has resolved itself into the treatment of the associated ear conditions and the removal of adenoids.

There is one boy in a Certified School for the deaf.

DENTAL DEFECTS.

As a result of medical inspection and special inspections, 32 children were referred to the Dental Clinic for treatment. These children were suffering from carious teeth to such an extent as to demand immediate attention.

Mr. D. Bewes Atkinson, the Dental Surgeon, has kindly written the following Report on his work among the school children :—

DENTAL REPORT.

“ A feature of the year's dental work was the introduction of a special inspection of all successful scholarship children. With the consent of their parents, these children were given treatment to ensure satisfactory dental conditions before they left their respective schools.

Modern food and its preparation has so deprived the jaws of normal exercise as to produce under-development of the dental arch, resulting in over-crowded mouths and irregularly spaced teeth, which leads to their rapid decay.

The increase in extractions of permanent teeth is largely due to the modern diet, and an endeavour has been made to remedy the over-crowded mouths by the popular local term ‘ spacings ’.

Frequently the enamel of the permanent dentition is poor, especially of the first permanent molar (which appears at the age of six), and as the crown of this tooth is formed before birth, the importance of ante-natal care cannot be over-estimated, and some of the younger mothers are now recognising this fact.

D. BEWES ATKINSON,
School Dental Surgeon.

EXCEPTIONAL CHILDREN.

Table III. shows a return of all exceptional children in the area. These children not in attendance at any elementary school are brought to notice by the School Attendance Officer or the School Nurses when visiting the home.

Information may also be obtained from the Scarborough Workhouse Infirmary, and from the various voluntary workers. In this way most of these cases are brought to light.

Blind and deaf children have already been mentioned under the appropriate headings.

MENTALLY DEFECTIVE.

There were no notifications of mentally defective children during the year.

Feeble-minded children already notified to the Authority are not included in this table.

Fifty-three children are seen to be attending the elementary schools; 23 of these are boys, and are taught in a special Class at the Friarage Senior Boys' School.

Twenty-three children were found to be "incapable of benefiting by instruction in an ordinary elementary school," and for these a special class is provided by the Education Committee under a specially-trained and most efficient teacher, with the help of an assistant.

Table III. shows only 18 of this number; all the children who have been notified having been omitted (*see Note c*).

On leaving this Class, the names of the children are sent to the Council of Social Welfare, and this Council, working in conjunction with the Yorkshire Association for Mental Welfare, takes over the visiting and after-care of such children.

EPILEPTICS.

No case of severe epilepsy has come to light during the year. Seven children suffering from mild epilepsy are attending the Elementary Schools.

PHYSICALLY DEFECTIVE.

Tuberculosis.

There were 9 cases of active pulmonary tuberculosis; five of these are in sanatoria and 4 at no school or institution.

When any case of suspected, or definite tuberculosis is detected, the child is excluded from school and referred to the Tuberculosis Medical Officer. Cases classified as pre-tubercular are kept under observation at the School Clinic, but all treatment is carried out at the Tuberculosis Clinic, or, in the case of surgical tuberculosis, at the local Hospital.

Table III. shows the number of children with non-infectious tuberculosis who were attending schools for some part of the year. Three boys and 4 girls were admitted to the Tuberculosis Block at the local Sanatorium during the

year. These cases were of healed tuberculosis or had been classified as pre-tubercular.

One case of joint tuberculosis shown in this Table was non-infectious, and for some part of the year was in attendance at an elementary school.

DELICATE CHILDREN.

One hundred and nine children were found to come under this heading. These children are all in attendance at Elementary Schools.

CRIPPLED CHILDREN.

No recent cases of infantile paralysis have been detected in the schools; most deformities due to this disease have persisted for some time.

The treatment of these cases is carried out by private practitioners or at the Hospital. In cases where massage was necessary, it was not always possible to obtain this, as many of the parents were in necessitous circumstances. In such cases massage was provided by the Council of Social Welfare, the parents paying what they could towards the cost.

When institutional treatment is required the children are admitted to the Orthopædic Hospital, Kirbymoorside. Two boys and three girls were admitted during the year; three boys and two girls were discharged and are still under observation.

A weekly Clinic is held at the local Hospital. Dr. Crockatt, the Orthopædic Surgeon, attends once a month, and a Massage Sister every week to supervise remedial exercises. Thirty boys and 43 girls were in attendance at the Clinic during the year. Thirty-nine new cases were sent from the schools for postural deformities. I should like to put on record the excellent results obtained in these cases both as regards specific deformity and also the general health of the children.

INFECTIOUS DISEASES.

All cases of Notifiable Infectious Diseases are dealt with in the first instance by the Health Department, from whence arrangements are made for the exclusion from school of cases and contacts.

Non-Notifiable Infectious Diseases are reported on a special form by the Head Teachers as soon as the cause of the child's absence from school is known. The case is then visited by one of the School Nurses, and, if verified, the notification is passed on to the Health Department.

Mumps became epidemic during 1932, and it will be seen that there was a total of 625 known cases.

No school was closed during the year on account of infectious disease.

The Table given herewith shows the prevalence of common infectious diseases amongst school children. For purposes of comparison, figures are given for the last three years:—

| Year | Scarlet Fever. | | | Enteric Fever. | | | Diphtheria. | | | Smallpox. | | | Measles. | | | Whooping Cough. | | Chicken Pox. | | Mumps. | |
|------|----------------|-------|--------|----------------|-------|--------|-------------|-------|--------|-----------|-------|--------|----------|-------|--------|-----------------|-------|--------------|-------|--------|-------|
| | Boys | Girls | Deaths | Boys | Girls | Deaths | Boys | Girls | Deaths | Boys | Girls | Deaths | Boys | Girls | Deaths | Boys | Girls | Boys | Girls | Boys | Girls |
| 1930 | 30 | 43 | — | — | — | — | 19 | 15 | 2 | — | — | — | 45 | 40 | 2 | 7 | 5 | 61 | 49 | 3 | 3 |
| 1931 | 16 | 15 | 1 | — | — | — | 16 | 21 | 3 | — | — | — | 139 | 119 | 3 | 2 | 2 | 64 | 50 | 16 | 5 |
| 1932 | 10 | 13 | — | — | — | — | 6 | 8 | 2 | — | — | — | 28 | 28 | — | 38 | 55 | 27 | 32 | 286 | 339 |

FOLLOWING UP

This is chiefly required for the treatment of defects found in schools when the parents have not been present. The School Nurse visits the home to advise the mother and to ensure that the child's health will not be prejudiced for lack of seeking suitable advice and treatment. Children are often sent or brought voluntarily to the Clinic, and in nearly all the cases attending the parents are anxious that treatment be continued as long as necessary.

The following Table shows the visits of the Nurses to the homes, the cause of such visits, and, in addition, the number of visits made by them to the schools :—

| Visits the result of Medical Inspections in the Schools. | No. of visits made. | Visits due to suspected infectious or contagious diseases. | No. of visits made |
|--|---------------------|--|--------------------|
| Uncleanliness | 24 | Scarlet Fever | 3 |
| Defects of nose and throat | 22 | Measles | 48 |
| Defects of vision | 16 | Whooping Cough | 80 |
| External eye disease | 4 | Chicken-pox | 38 |
| External ear disease | 3 | Mumps | 482 |
| Nervous diseases | — | Scabies | 4 |
| Heart disease | — | Ringworm | 3 |
| Tuberculosis | — | Impetigo | 11 |
| Other Causes | 32 | Diphtheria | 1 |
| | | Other Causes | 45 |
| | 101 | | 715 |

The number of visits paid by the Nurses to the Schools (not including visits for detection of uncleanliness) 344

Visits for detection of uncleanliness 54

Visits to children's homes in connection with the work of the Dental Clinic 778

1176

MEDICAL TREATMENT.

This has already been referred to under the various headings. Treatment at the School Clinic is mostly confined to minor ailments. Cases of more serious disease, or defect, are transferred to the local Hospital or to a private practitioner.

THE SCHOOL CLINIC.

The premises in King Street are in use as in former years.

The attendances at the General Clinic include the 380 children shown as "Specials" in Table Ib., and the re-examinations shown in the same Table.

The number of cases actually treated by the School Nurses under the supervision of the Medical Officer, and the number of attendances made, are as follow :—

| 1932. | No. of Children. | RESULT. | | No. of attendances made. |
|--------------------------------|------------------|------------|------------------|--------------------------|
| | | Recovered. | Still Attending. | |
| Impetigo | 156 | 151 | 5 | 926 |
| Ringworm | 26 | 23 | 3 | 216 |
| Scabies | 10 | 8 | 2 | 137 |
| Ear Disease | 58 | 53 | 5 | 303 |
| Eye Disease | 47 | 47 | — | 117 |
| Uncleanliness | 28 | 28 | — | 208 |
| Abscesses, Boils, &c. | 52 | 52 | — | 237 |
| Eczema and Seborrhœa | 93 | 93 | — | 482 |
| Minor Ailments | 399 | 394 | 5 | 1573 |
| Total | 869 | | | 4200 |

No fixed charge is made for medical or dental treatment at the Clinic, but the mothers voluntarily contribute what they can. The figures for the past four years are given below.

| | 1929. | 1930. | 1931. | 1932. |
|--------------------------------------|------------------|----------------|---------------|---------------|
| | £ s. d. | £ s. d. | £ s. d. | £ s. d. |
| Sums received for General Clinic ... | 3 10 0 | 2 8 10 | 1 18 0 | 1 7 5 |
| Sums received for Dental Clinic ... | 30 1 11 | 31 2 4 | 27 11 5 | 16 17 1 |
| | <u>£33 11 11</u> | <u>33 11 2</u> | <u>29 9 5</u> | <u>18 4 6</u> |

It will be seen that the amounts recorded in 1932 are much smaller than in the previous years, the reason being that during a week-end in November the money boxes were broken into and it was estimated that probably the sum of £5 or £6 was stolen. This was notified to the Police, but the thief was not detected.

EXCLUSION FROM SCHOOL ON MEDICAL GROUNDS.

Twenty-two children were excluded from school at the Routine Medical Inspection. Of these, eight were excluded for infectious or contagious disease.

Of the children seen at the Clinic, 181 were excluded, 73 of these being on account of infectious or contagious disease.

OPEN-AIR EDUCATION, PHYSICAL TRAINING, GAMES, SWIMMING CLASSES.

There is no Open-Air School in Scarborough, nor is it so essential as in the large and industrial towns, although the windows of the new Hinderwell

Council School opened in October, 1932, can be adjusted to such an extent as to convert the South side of the School into a semi-Open-Air School.

Physical Training in the Schools is conducted by the teachers, who follow the Syllabus published by the Board of Education. There is no special teacher for this branch.

PLAYING FIELDS.

No addition has been made during the last two years. There is a Playing Field on the Castle Hill available for scholars from the Graham Sea Training School. In addition, a large field on the Northstead Estate is rented by the Education Committee for the use of children attending all the Council Schools (with the exception of the Graham Sea Training School) and the Church Schools.

Swimming Classes for the children are held at the Aquarium Baths.

Games.—Apart from outdoor games (football, cricket, etc), organised games are conducted in the schools as part of physical training. Basket ball was introduced into four schools during 1928.

CO-OPERATION.

Parents of children being examined at the Routine Medical Inspections are notified of the date and time of such inspection, and are invited to be present. When parents are not present, they are notified if any defect be found. The School Nurse visits the home and explains the conditions to the mother, who may be asked to bring the child to the School Clinic for further examination or for treatment. In the majority of cases the response is satisfactory, and the parents appreciate the work done at the Clinic on behalf of the health of the children.

In a great many cases the mothers voluntarily send or bring the children to the Clinic for some defect which they themselves have noticed.

The following Table gives the percentages of parents present at the Routine Medical Inspections in 1930, 1931 and 1932:—

| Age Group. | | | | 1930. | 1931. | 1932. |
|---------------------------|-----|-----|-----|-------|-------|-------|
| Entrants | ... | ... | ... | 68.35 | 73.75 | 76.37 |
| Special Entrants (over 7) | ... | ... | ... | 50.50 | 47.15 | 35.64 |
| Intermediates | ... | ... | ... | 57.06 | 68.78 | 59.34 |
| Leavers | ... | ... | ... | 14.12 | 14.16 | 15.12 |

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICERS, AND VOLUNTARY BODIES.

The co-operation of Head Teachers has been most helpful in carrying out the work of medical inspection and treatment of defects. Their knowledge of the children has been of much value, and through them many defects are brought to notice. Also in many cases the teachers advise the parents to take their children to the Clinic for examination or for treatment.

The teachers are informed of defects found in cases where supervision in school is necessary, as in cases of children with heart disease.

The co-operation of the School Attendance Officer is of great value to

the medical service. Whilst investigating cases of absence from school, he refers cases of illness to the School Medical Service if satisfactory medical attention is not already being obtained.

With regard to the co-operation of voluntary bodies, the National Society for the Prevention of Cruelty to Children may be notified in cases of uncleanness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Hollins, whose report is given below, has been of great help to the School Medical Service during the year. As will be seen from his report, a visit or advice from the Inspector is generally followed by satisfactory results, and only one case was prosecuted.

“ There were 78 cases enquired into, affecting the welfare of 180 children (98 boys, 82 girls), involving 106 offenders or persons advised (59 males, 47 females). Nine cases were due to drink involving 8 males, 5 females. Twelve of the children were illegitimate, one adopted.

The classification of the cases was as follows :—

| | | | | | |
|------------------------|-----|-----|-----|-----|----|
| Neglect and Starvation | ... | ... | ... | ... | 25 |
| Ill-treatment | ... | ... | ... | ... | 17 |
| Advice Sought | ... | ... | ... | ... | 17 |
| Other Wrongs | ... | ... | ... | ... | 12 |
| Immoral Surroundings | ... | ... | ... | ... | 3 |
| Exposure for Begging | ... | ... | ... | ... | 2 |
| Exposure | ... | ... | ... | ... | 2 |
| Total | | | | | 78 |

The cases were dealt with as follows :—

| | | |
|---|-----|----|
| Warned by Inspector with satisfactory results | ... | 60 |
| Advised | ... | 17 |
| Prosecuted | ... | 1 |
| | | 78 |

Five hundred and fifty-seven visits were made by me to the homes of these families for the purposes of ascertaining improvement or otherwise. In the majority of cases there was improvement.

In one case a father and mother were sentenced to one month's imprisonment each for neglecting, exposing and abandoning their children, and the custody given to the Public Assistance Committee.”

The work of the Council of Social Welfare has already been referred to in the treatment of Crippled Children. This Society also provides milk and cod liver oil in cases of malnutrition and debility, on the recommendation of the School Medical Inspector.

In addition to the help already mentioned, the Scarborough Amicable Society spent £150 11s. 5d. on clothing and boots for school children during the year.

Clothing for 26 girls was also provided by Miss Knowles, of the Belvedere Nursing Home, for whose help we are most grateful.

NURSERY SCHOOL.

The work of the Medical Service in connection with this School has already been referred to.

SECONDARY SCHOOLS.

Secondary Schools in this area come under the North Riding Authority, and the work in connection with these schools is included in the report of that Authority.

CONTINUATION CLASSES.

At present no arrangement exists for Medical Inspection in connection with these Classes.

EMPLOYMENT OF CHILDREN.

Under the Bye-laws for the employment of children, all children under the age of 14 must be medically examined as to their fitness for the work. These children are sent on for Medical Examination by the Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barbers' shops, public slaughter-houses, etc., are prohibited.

During the year 93 boys were examined, and were passed as fit. Ten of these were subsequently re-examined. Twenty-eight girls were also examined for work and were passed as fit.

There is no arrangement for the re-examination of all these children, but in doubtful cases certificates are given for a limited period, and at the end of that time a further examination is made and a fresh certificate given. Where a second examination has been necessary, it has not been found that the health of the children had suffered from such employment. In no case was a second certificate refused.

CONDITION AS TO VACCINATION OF CHILDREN IN THE SCHOOLS.

A record is kept at medical inspections of children bearing marks of successful vaccination. The percentages are shown in the following Table. The figures for 1931 are given for comparison:—

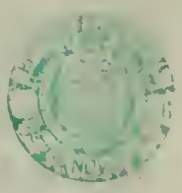
| Groups Inspected. | | | | | | Sexes. | Percentage bearing marks of successful vaccination, 1931. | Percentage bearing marks of successful vaccination, 1932. |
|---|-----|-----|-----|-----|-----|--------|---|---|
| Entrants | ... | ... | ... | ... | ... | Boys | 28·23 | 24·21 |
| | | | | | | Girls | 26·29 | 32·76 |
| Intermediates | ... | ... | ... | ... | . | Boys | 28·26 | 28·24 |
| | | | | | | Girls | 34·33 | 25·16 |
| Leavers | ... | ... | ... | ... | ... | Boys | 54·36 | 39·37 |
| | | | | | | Girls | 55·47 | 52·77 |
| Special Entrants (new-comers to the town) | ... | | | | | Boys | 33·33 | 48·97 |
| | | | | | | Girls | 58·33 | 51·92 |

Appended to this Report are the Tables required by the Board of Education to show in tabular form the work of the School Medical Service.

ANNE M. ROXBURGH,

*Assistant School Medical Officer and
Assistant Medical Officer of Health.*

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Scarborough Education Authority, 1932.

MEDICAL INSPECTION RETURNS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS (*see note a*).

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections
(*see note b*).

| | | | | | | | | | | |
|------------------|-----|-------|-----|-----|-----|-----|-----|-----|-----|-----|
| Entrants | ... | ... | ... | ... | ... | ... | ... | ... | ... | 491 |
| Second Age Group | ... | | ... | ... | ... | ... | ... | ... | ... | 610 |
| Third Age Group | ... | ... | ... | ... | ... | ... | ... | ... | ... | 271 |

Total ... 1372

Number of other Routine Inspections 101
(*see note c*).

B.—OTHER INSPECTIONS.

Number of Special Inspections 380
(*see note d*).

Number of Re-Inspections 260
(*see note e*).

Total ... 640

NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out:—

(i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;

(ii) on the school premises (or at a place specially sanctioned by the Board);

(iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three code age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1932.

| DEFECT OR DISEASE. | | | | ROUTINE INSPECTIONS. | | SPECIAL INSPECTIONS. | |
|---|-------------------------------------|-----|-----|----------------------|---|----------------------|---|
| | | | | No. of Defects. | | No. of Defects. | |
| | | | | Requiring Treatment. | Requiring to be kept under observation, but <i>not</i> requiring Treatment. | Requiring Treatment. | Requiring to be kept under observation, but <i>not</i> requiring Treatment. |
| (1) | | | | (2) | (3) | (4) | (5) |
| Skin | Malnutrition | ... | ... | 36 | ... | 20 | ... |
| | Ringworm : | | | | | | |
| | Scalp | ... | ... | .. | ... | 14 | ... |
| | Body | ... | ... | 1 | ... | 4 | ... |
| | Scabies | ... | ... | 2 | ... | 10 | ... |
| | Impetigo | ... | ... | 5 | ... | 12 | ... |
| | Other Diseases (Non-Tuberculous) | ... | ... | 8 | 1 | 22 | ... |
| Eye | Blepharitis | ... | ... | 9 | ... | 1 | ... |
| | Conjunctivitis | ... | ... | ... | ... | 1 | ... |
| | Keratitis | ... | ... | 1 | ... | 1 | ... |
| | Corneal Opacities | ... | ... | 1 | ... | ... | ... |
| | Defective Vision (excluding Squint) | ... | ... | 61 | 27 | 13 | 4 |
| Ear | Squint | ... | ... | 14 | ... | 3 | ... |
| | Other Conditions | ... | ... | ... | 1 | 1 | ... |
| | Defective Hearing | ... | ... | 2 | ... | 5 | ... |
| | Otitis Media | ... | ... | 11 | ... | 13 | ... |
| | Other Ear Diseases | ... | ... | 3 | ... | 17 | 2 |
| Nose and Throat | Enlarged Tonsils only | ... | ... | 22 | 67 | 16 | 8 |
| | Adenoids only | ... | ... | 5 | 7 | 4 | 4 |
| | Enlarged Tonsils & Adenoids | ... | ... | 10 | 12 | 7 | 5 |
| Enlarged (Tuberculous) | Other Conditions | ... | ... | 1 | 2 | 10 | ... |
| | Cervical Glands (Non-Tuberculous) | ... | ... | 9 | 5 | 6 | 2 |
| | Defective Speech | ... | ... | 2 | ... | ... | 1 |
| Heart and Circulation | Heart Disease : | | | | | | |
| | Organic | ... | ... | 1 | 1 | ... | 1 |
| | Functional | ... | ... | 1 | 6 | ... | 5 |
| | Anæmia | ... | ... | 3 | .. | 2 | ... |
| Lungs | Bronchitis | ... | ... | 14 | ... | 8 | ... |
| | Other Non-Tuberculous Diseases | ... | ... | 14 | 3 | 15 | 3 |
| Tuberculosis | Pulmonary : | | | | | | |
| | Definite | ... | ... | ... | ... | ... | ... |
| | Suspected | ... | ... | 1 | ... | ... | ... |
| | Non-Pulmonary : | | | | | | |
| | Glands | ... | ... | 3 | 1 | 1 | 2 |
| | Spine | ... | ... | 1 | ... | .. | ... |
| | Hip | ... | ... | ... | 1 | ... | ... |
| | Other Bones and Joints | ... | ... | ... | 1 | ... | 1 |
| | Skin | ... | ... | ... | ... | ... | ... |
| Nervous System. | Other Forms | ... | ... | 1 | ... | 1 | 1 |
| | Epilepsy | ... | ... | ... | 1 | ... | 1 |
| | Chorea | ... | ... | ... | ... | 2 | 1 |
| | Other Conditions | ... | ... | ... | 9 | 4 | 5 |
| Deformities | Rickets | ... | ... | 5 | 1 | ... | ... |
| | Spinal Curvature | ... | ... | ... | ... | ... | ... |
| | Other Forms | ... | ... | 19 | 6 | 6 | 2 |
| Other Defects and Diseases (excluding Uncleanliness and Dental Diseases). | | | | 33 | 9 | 61 | 22 |

TABLE II.—*continued.*

B.—Number of *individual children* (see note a) found at *Routine Medical Inspection to Require Treatment* (excluding *Uncleanliness and Dental Diseases*).

| GROUP (1) | NUMBER OF CHILDREN. | | Percentage of Children found to require Treatment. (see note c.) (4) |
|----------------------------------|---------------------------------------|--|---|
| | Inspected (see note b). (2) | Found to require Treatment. (3) | |
| CODE GROUPS:— | | | |
| Entrants | 491 | 91 | 18·53 |
| Second Age Group | 610 | 132 | 21·63 |
| Third Age Group | 271 | 57 | 21·03 |
| Total (Code Groups) | 1372 | 280 | 20·40 |
| Other Routine Inspections | 101 | 19 | 18·81 |

NOTES ON TABLE II.

(a) No individual child should be counted more than once in this part of Table II., i.e., under B, even if it is found to be suffering from more than one defect.

(b) The figures in this column will of course be the same as those given in Table I. A.

(c) The figure in this column will be the percentage of the figure in column (3) of that in column (2).

TABLE III.

Return of all Exceptional Children in the Area (*see note a*).

No child should be entered under more than one heading.

| | | | Boys. | Girls. | Total. |
|---|--|---|-------|--------|--------|
| Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness (see note (b) (1)), Total Deafness (see note (d) (1)), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease ... The actual combination of defects and the type of School, if any, attended should be indicated on a separate sheet. | | | ... | ... | ... |
| Blind (including partially blind) (<i>see note b.</i>) | (i) Suitable for training in a School for the totally blind. | At Certified Schools for the Blind | ... | 2 | 2 |
| | | At Public Elementary Schools (<i>see note c</i>) ... | ... | ... | ... |
| | | At other Institutions ... | ... | ... | ... |
| | | At no School or Institution | ... | ... | ... |
| | | | | | |
| | (ii) Suitable for training in a School for the partially blind. | At Certified Schools for the Blind or Partially Blind | .. | ... | ... |
| | | At Public Elementary Schools (<i>see note c</i>) ... | 1 | 5 | 6 |
| | | At other Institutions ... | ... | ... | .. |
| | | At no School or Institution | ... | ... | ... |
| Deaf (including deaf and dumb and partially deaf) <i>see note d.</i>) | (i) Suitable for training in a School for the totally deaf or deaf and dumb. | At Certified Schools for the Deaf | 1 | ... | 1 |
| | | At Public Elementary Schools (<i>see note c</i>) ... | ... | ... | ... |
| | | At other Institutions ... | .. | .. | ... |
| | | At no School or Institution | .. | .. | .. |
| | | | | | |
| | (ii) Suitable for training in a School for the partially deaf. | At Certified Schools for the Deaf or Partially Deaf ... | ... | ... | ... |
| | | At Public Elementary Schools (<i>see note c</i>) ... | ... | .. | ... |
| | | At other Institutions ... | ... | .. | ... |
| | | At no School or Institution | ... | ... | ... |
| Mentally Defective | Feeble-minded. (<i>See note c.</i>) | At Certified Schools for Mentally Defective Children | ... | ... | ... |
| | | At Public Elementary Schools (<i>see note c</i>) ... | 39 | 14 | 53 |
| | | At other Institutions ... | ... | ... | ... |
| | | At no School or Institution | ... | 1 | 1 |
| | | At Special Class | 10 | 8 | 18 |
| | Notified to the Local Mental Deficiency Authority during the year. | Details should be given on Form 307 M. | .. | ... | ... |
| Epileptics | Suffering from severe epilepsy. (<i>See note f.</i>) | At Certified Schools for Epileptics | ... | ... | ... |
| | | At Certified Residential Open-Air Schools ... | ... | .. | ... |
| | | At Certified Day Open-Air Schools | ... | ... | ... |
| | | At Public Elementary Schools (<i>see note c</i>) ... | ... | ... | ... |
| | | At other Institutions ... | ... | ... | ... |
| | | At no School or Institution | ... | ... | ... |
| | Suffering from epilepsy which is not severe. (<i>See note g.</i>) | At Public Elementary Schools | 4 | 3 | 7 |
| | | At no School or Institution | .. | ... | ... |

TABLE III.—*continued.*

| | | | Boys. | Girls. | Total. |
|---|---|--|-------|--------|--------|
| Physically Defective (see note i) | Active pulmonary tuberculosis (including pleura & intrathoracic glands) | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board. | 2 | 3 | 5 |
| | | At Certified Residential Open Air Schools | .. | .. | .. |
| | | At Certified Day Open Air Schools | .. | .. | .. |
| | | At Public Elementary Schools (see note h) | .. | .. | .. |
| | | At other Institutions | .. | .. | .. |
| | | At no School or Institution | 1 | 3 | 4 |
| | Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands). | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board | .. | .. | .. |
| | | At Certified Residential Open Air Schools | .. | .. | .. |
| | | At Certified Day Open Air Schools | .. | .. | .. |
| | | At Public Elementary Schools | 5 | 4 | 9 |
| | | At other Institutions | .. | .. | .. |
| | | At no School or Institution | .. | .. | .. |
| | Tuberculosis of the peripheral glands. | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board | .. | .. | .. |
| | | At Certified Residential Open Air Schools | .. | .. | .. |
| | | At Certified Day Open Air Schools | .. | .. | .. |
| | | At Public Elementary Schools (see note h) | 7 | 8 | 15 |
| | | At other Institutions | .. | .. | .. |
| | | At no School or Institution | .. | .. | .. |
| | Abdominal tuberculosis. | At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board | .. | .. | .. |
| | | At Certified Residential Open Air Schools | .. | .. | .. |
| | | At Certified Day Open Air Schools | .. | .. | .. |
| | | At Public Elementary Schools (see note h) | 1 | 2 | 3 |
| | | At other Institutions | .. | .. | .. |
| | | At no School or Institution | .. | .. | .. |

TABLE III.—*continued.*

| | | | Boys. | Girls. | Total. |
|--|---|---|-----------|----------|--------|
| Physically Defective (continued). (See note i.) | Tuberculosis of bones and joints (not including deformities due to old tuberculosis). | At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board | ... | ... | ... |
| | | At Public Elementary Schools (<i>see note h</i>) ... | 1 | .. | 1 |
| | | At other Institutions ... | ... | ... | ... |
| | | At no School or Institution ... | 1 | ... | 1 |
| | Tuberculosis of other organs (skin, etc.). | At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board | 1 | .. | 1 |
| | | At Public Elementary Schools (<i>see note h</i>) ... | ... | ... | ... |
| | | At other Institutions ... | ... | ... | ... |
| | | At no School or Institution ... | .. | .. | ... |
| | Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. (<i>See note j.</i>) | At Certified Residential Cripple Schools ... | ... | ... | ... |
| | | At Certified Day Cripple Schools ... | ... | ... | ... |
| | | At Certified Residential Open Air Schools ... | ... | ... | ... |
| | | At Certified Day Open Air Schools ... | ... | ... | ... |
| | | At Public Elementary Schools ... | 63 | 46 | 109 |
| | | At other Institutions ... | ... | 1 | 1 |
| | | At no School or Institution ... | ... | .. | ... |
| | Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life. | At Certif'd Hospital Schools ... | 2 | 3 | 5 |
| | | At Certified Residential Cripple Schools ... | ... | ... | ... |
| | | At Certified Day Cripple Schools ... | ... | .. | ... |
| | | At Certified Residential Open Air Schools ... | ... | ... | ... |
| | | At Certified Day Open Air Schools ... | .. | ... | ... |
| | | At Public Elementary Schools (<i>see note k</i>) ... | 15 (5) | 8 (2) | 23 |
| | | At other Institutions (<i>see note k</i>) ... | .. | ... | ... |
| | | At no School or Institution (<i>see note k</i>) ... | ... | ... | ... |
| | Children with heart disease. <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school. | At Certified Hospital Schools ... | ... | ... | ... |
| | | At Certified Residential Cripple Schools ... | ... | ... | ... |
| | | At Certified Day Cripple Schools ... | ... | ... | ... |
| | | At Certified Residential Open Air Schools ... | ... | ... | ... |
| | | At Certified Day Open Air Schools ... | ... | ... | ... |
| | | At Public Elementary Schools (<i>see note c</i>) ... | 3 | ... | 3 |
| | | At other Institutions ... | .. | ... | ... |
| | | At no School or Institution ... | .. | ... | .. |

NOTES ON TABLE III.

(a) This Table should include all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe and certain classes of tuberculous and crippled children) have been ascertained to be blind, deaf, defective, or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children *as it stands on the last day of each calendar year*.

Children who are living in residential schools in the area, but who come from other areas, should not be included in this Table; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child should be included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff. In areas other than Counties or County Boroughs children ascertained by the Tuberculosis Officer of the County should be included.

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and Physically Defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

(b) For the purpose of this return the Board require that children who are blind within the meaning of the Act should be divided into two categories, *i.e.*, (1) those who are totally blind or so blind that they can only be appropriately taught in a school or class for totally blind children, and (2) those who though they cannot read ordinary school books, or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school or class for the partially blind.

It should be understood that children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision, should not be included in this Table.

(c) It should be understood that none of the children in this category should in fact be attending public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Special School accommodation makes it impossible to do better for some of these children than to allow them to attend the ordinary school, or because there is some other reason which accounts for the temporary attendance of the children at the ordinary school.

(d) Children who are deaf within the meaning of the Act should be classified for the purpose of this Table as (1) totally deaf or so deaf that they can only be appropriately taught in a school or class for the totally deaf, and (2) partially deaf, *i.e.*, those who can appropriately be taught in a school or class for the partially deaf.

(e) This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and should exclude all children who have been notified to the Local Authority under the Mental Deficiency Act.

(f) In this part of the Table only those children should be included who are epileptic within the meaning of the Act.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary public elementary schools.

(g) In this part of the Table should be entered the remainder of the epileptic children in the area, *i.e.*, children whose disease is of such a kind as not to unfit them for attendance at an ordinary public elementary school.

(h) Children with "open" tuberculosis should of course be promptly excluded from public elementary schools.

(i) The exact classification of physically defective children is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings.

(j) Delicate children suffering from rheumatism should be included in this category even though it may be considered undesirable to send them to an Open Air School.

(k) The total under this heading should be followed by a figure in brackets indicating the number of these children who should be receiving Special School education.

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1932. (*See note a.*)

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group V.).

| Disease or Defect (1) | Number of Defects treated, or under treatment during the year. | | |
|--|--|------------------|-----------------|
| | Under the Authority's Scheme (<i>see note b.</i>) (2) | Otherwise (3) | Total (4) |
| <i>Skin—</i> | | | |
| Ringworm-Scalp | 10 | 4 | 14 |
| Ringworm-Body | 16 | 1 | 17 |
| Scabies | 10 | 2 | 12 |
| Impetigo | 156 | ... | 156 |
| Other skin disease | 93 | ... | 93 |
| <i>Minor Eye Defects</i> (External and other, but excluding cases falling in Group II.). | 47 | ... | 47 |
| <i>Minor Ear Defects</i> (<i>See note c.</i>) | 58 | ... | 58 |
| <i>Miscellaneous</i> (<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) | 45 ¹ | ... | 45 ¹ |
| Total | 84 ¹ | 7 | 848 |

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

| Defect or Disease. (1) | No. of Defects dealt with. | | | |
|--|--|---|-------------------|---------------|
| | Under the Authority's Scheme (<i>see note b.</i>) (2) | Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme. (3) | Otherwise. (4) | Total. (5) |
| Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report). | 122 | 14 | ... | 136 |
| Other Defect or Disease of the Eyes (excluding those recorded in Group I.). | ... | ... | ... | .. |
| Total | 122 | 14 | ... | 136 |

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme, 103

(b) Otherwise, 14.

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme, 100.

(b) Otherwise, 14.

19 children were put on the observation list. In addition to above 15 children were examined as to the suitability of present spectacles, no change was made. In 8 cases parents refused treatment.

TABLE IV.—continued.
GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

| NUMBER OF DEFECTS. | | | | |
|---|---|-------|-----------------------------------|-----------------------|
| Received Operative Treatment. | | | Received other forms of Treatment | Total number treated. |
| Under the Authority's Scheme, in Clinic or Hospital (see note b). | By Private Practitioner or Hospital, apart from the Authority's Scheme. | Total | | |
| (1) | (2) | (3) | (4) | (5) |
| 26 | 91 | 117 | 48 | 165 |

GROUP IV.—DENTAL DEFECTS.

(1) Number of children who were :—

(a) Inspected by the Dentist :

Aged :

| | | |
|--------------------|--------|------------|
| Routine Age Groups | 5—272 | Total 3953 |
| | 6—424 | |
| | 7—451 | |
| | 8—490 | |
| | 9—508 | |
| | 10—559 | |
| | 11—392 | |
| | 12—428 | |
| | 13—259 | |
| | 14—170 | |

Specials (see note d) 87

Grand Total 4040

(b) Found to require treatment 1680.

(c) Actually treated 1400.

(2) Half-days devoted to :—

Inspection 33
Treatment 168 } Total 201

(3) Attendances made by children for treatment 2332

(4) Fillings :—

Permanent teeth 628
Temporary teeth 61 } Total 689

(5) Extractions :—

Permanent teeth 736
Temporary teeth 2195 } Total 2931

(6) Administration of general anaesthetics for extractions 992

(7) Other operations :—

Permanent teeth 284
Temporary teeth 367 } Total 651

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS. (See note e).

(i) Average number of visits per school made during the year by School Nurses, 6.62.

(ii) Total number of examinations of children in the Schools by School Nurses, 11,859.

(iii) Number of individual children found unclean, 531.

(iv) Number of children cleansed under arrangements made by the Local Education Authority, 28.

(v) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921
(b) Under School Attendance Bye-laws } Nil

NOTES ON TABLE IV.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here, but in the body of the School Medical Officer's Annual Report.

(d) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

(e) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

N.B.—Groups I.—V. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect (*e.g.*, for orthopædic treatment) or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.

Mental Deficiency (Notification of Children) Regulations, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1932, BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified: None.

Analysis of the above Total.

| DIAGNOSIS. | BOYS. | GIRLS. |
|---|-------|--------|
| 1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School : | | |
| (a) Idiots | — | — |
| (b) Imbeciles | — | — |
| (c) Others | — | — |
| (ii) Children unable to be instructed in a Special School without detriment to the interests of other children : | | |
| (a) Moral Defectives | — | — |
| (b) Others | — | — |
| 2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 | — | — |
| 3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "Special circumstances" cases | — | — |
| <i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority. | | |
| 4. Children who in addition to being mentally defective were blind or deaf | — | — |
| <i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii). | | |
| GRAND TOTAL | — | — |

